

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018536
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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50						
TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	1	1	1	1	1	1

*	*	*	*
IND.	DEP.	IND.	DEP.
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98			
99			
100			
TOTAL IND.	1	1	1
TOTAL DEP.	1	1	1
TOTAL CLAIMS	1	1	1

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831